09438

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Char — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) or TOWN La Plata Rd
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mem Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) or TOWN Clinton Md
STREET ADDRESS (If rural, give location) Box Clinton Rd

3. NAME OF DECEASED (Type or Print): (First) ROSIE (Middle) ANN (Last) ALLISON

4. DATE OF DEATH: (Month) 9 (Day) 7 (Year) 52

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH 11-2-28

9. AGE last birthday 23 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Asher Matthews

14. MOTHER'S MAIDEN NAME Ethel Lemmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Home Allison (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ruptured uterine ectopic pregnancy — INTERVAL BETWEEN ONSET AND DEATH 9-7-52

812.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg.) INJURY Home (CITY OR TOWN) RFD 5 (COUNTY) Chas (STATE) Md.

TIME OF INJURY (Month) 9 (Day) 7 (Year) 52 (Hour) 12 m.
INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Probably run over by auto (hit and run)

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒*

SIGNATURE L. A. Adler (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 9-7-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-10-52
NAME OF CEMETERY OR CREMATORY Clement Hill
LOCATION (City, town, or county) (State) Cincinnati, Iowa

DATE REC'D BY LOCAL REG. 9-9-52
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hunt + Ryon, Waldorf Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 15 1952
BUREAU V. S.

09439

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHARLOTTE HALL (RFD) LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHARLOTTE HALL (RFD)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) BRADFORD (Last) CHASE

4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 13 1952

5. SEX MALE

6. COLOR OR RACE NEGRO - U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH SEPT. 1, 1872

9. AGE last birthday 80 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER Tenant

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME BAP CHASE

14. MOTHER'S MAIDEN NAME LOUISA SMALLWOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY No. NONE

17. INFORMANT AND ADDRESS GEORGE CHASE (SON) BRYANTOWN, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardio-Vascular Disease (Cardiac Failure)	2 weeks
443X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio-Sclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1947, to Sept 13, 1952, that I last saw the deceased alive on Sept. 11, 1952, and that death occurred at 2:00 A.m. (EST), from the causes and on the date stated above.

SIGNATURE John H. Griffin (Degree or title) M.D. ADDRESS Hughesville, Md. DATE SIGNED 9/15/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE Sept 15 1952 NAME OF CEMETERY OR CREMATORY St Marys LOCATION (City, town, or county) Bryantown (State) Md

DATE REC'D BY LOCAL REG. 9-15-52 REGISTRAR'S SIGNATURE M. L. Moore

24. FUNERAL DIRECTOR Hunt & Ryon Waldoy Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

COPY SENT TO LOCAL REGISTRAR No.____DATE SEP 10 1952

RECEIVED

BUREAU V. S.

Item 8: Film G148-10/20/52L

09440

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ~~105~~ 106

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Indian Head Md — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) L (Last) GLODEN
4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH 11-~~15~~-07
9. AGE last birthday 44 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Charles Co
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Arthur Gloden
14. MOTHER'S MAIDEN NAME: Grace Leland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No. 215-18-0569
17. INFORMANT AND ADDRESS: Edward R. Gloden Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and evisceration — 9-6-52

928.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of abdominal contents

(c) Gored by bull

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: FARM — (CITY OR TOWN) Rural Ind Head — (COUNTY) Chas — (STATE) Md

TIME OF INJURY (Month) 9 (Day) 6 (Year) 52 (Hour) 7 P.m. — INJURY OCCURRED While at work ☒ Not while at work ☐ — HOW DID INJURY OCCUR? Gored by bull

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. Fedelen (Degree or title) MD — ADDRESS: La Plata Md — DATE SIGNED: 9-7-52

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify) — DATE THEREOF: 9-9-52 — NAME OF CEMETERY OR CREMATORY: Pisgah Mk. — LOCATION (City, town, or county) (State): Pisgah Md

DATE REC'D BY LOCAL REG: 9-9-52 — REGISTRAR'S SIGNATURE: M. L. Moore — 24. FUNERAL DIRECTOR: Hunt & Ryan Waldorf Md — ADDRESS

9-10-52 Adey Price

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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S. A16A

RECEIVED
SEP 10 1932
BUREAU V. S.
COPY SENT TO LOCAL REGISTRAR, No. DATE

09441

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians' Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newburg, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Goldring

4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1952

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: May 16, 1951

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Goldring Sr.

14. MOTHER'S MAIDEN NAME: Alice Farmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: John Goldring, father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 571.0

Immediate cause (a) Bacteremia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) (b) Diarrhea

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31, 1952, to 9/1, 1952, that I last saw the deceased alive on 9/1, 1952, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE Richard F. Daly, M.D. (DEGREE OR TITLE) ADDRESS La Plata, Md. DATE SIGNED 9/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9-2-52

NAME OF CEMETERY OR CREMATORY St. Marys

LOCATION (City, town, or county) (State) Newport, Md.

DATE REC'D BY LOCAL REG. 9/2/52

REGISTRAR'S SIGNATURE Julia H. Vasey

24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md. ADDRESS

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

RECEIVED
SEP 4 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09442

CERTIFICATE OF DEATH

Reg. Dist. No. 10-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 8-51

1. PLACE OF DEATH:

COUNTY Charles — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Bessie	Johnson	Grier	Sept. 18 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W.	W.	April 27, 1874	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	West Virginia	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James William Johnson	Martha Eleanor Uhl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	—	—	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
4427 Immediate cause	(a) Uremia,	4 days.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardio-vascular-hypertension, renal disease	5 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.		

22. I hereby certify that I attended the deceased from 16 Sept., 19 52, to 18 Sept., 19 52, that I last saw the deceased alive on 18 Sept., 19 52, and that death occurred at 1:30 EST P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
J. Woodby.	MD	La Plata. Md.	18 Sept 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	9-23-52	Arlington Natl.	Arlington Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/20/52	Julia H. Posey.	Hunt + Ryon,	Waldorf, Md.

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) (Last) Hall
4. DATE OF DEATH: (Month) Sept. (Day) 26 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-10-1904
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Charles County, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Tolson
14. MOTHER'S MAIDEN NAME: Ida Coll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: William Hall, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
443X Immediate cause	(a)	Cerebral vascular accident	12 hrs.
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	hypertension Cardio-vascular disease	4 years.
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Sept, 1952, to 26 Sept 1952, that I last saw the deceased alive on 26 Sept, 1952, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE S. Woody. MD (DEGREE OR TITLE) ADDRESS La Plata. Md. DATE SIGNED 9-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 9-29-52
NAME OF CEMETERY OR CREMATORY St. Marys
LOCATION (City, town, or county) (State) Newport, Md.
DATE REC'D BY LOCAL REG. 9/29/52
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

RECEIVED
OCT 2
BUREAU V. E.

09444

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:

County Charles

City or town Waldorf Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Charles

City or town Waldorf Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Charles Edward Hamilton

3. (b) Social Security Number

4. Sex M

5. Color or race W

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Mary Francis

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) May 17 — 1868

8. AGE: Years 84 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Charles Co
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Owner

FATHER
12. Name William R Hamilton
13. Birthplace Chas Co

MOTHER
14. Maiden name Annie Berry
15. Birthplace Chas Co

16. Informant Ethel Hamilton Robey

Address White Plains Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof 9-30-52
(month) (day) (year)

Cemetery or crematory Oakland

Location Waldorf Md

18. Funeral director Hunt & Ryan

Address Waldorf Md

19. 9-29 1952 M. L. Moore
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/27 1952 at 8:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/26 1952 to 9/27 1952 and that I last saw h... alive on 9/27 1952

Immediate cause of death Myocardial Apoplexy

Due to Cardio-Vas. Renal Disease

Due to

Other conditions 44 X
(Include pregnancy within 3 months of death)

DURATION Years

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bo A. Weber M. D.
M. D. or other

Address Waldorf Md Date signed 9/27/52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
SEP 30 1957
BUREAU T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf Md — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD — COUNTY: CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) I (Last) Howard
4. DATE OF DEATH: (Month) 9 — (Day) 1 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W.
7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Sept 2-1880
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Ly
11. BIRTHPLACE (State or foreign country): Charles Co Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thaddeus Mud
14. MOTHER'S MAIDEN NAME: Sophia Gardiner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: No
17. INFORMANT AND ADDRESS: Wilbur Howard Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart failure — [illegible]

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary thrombosis, [illegible] — 24

(c) Dementia [illegible] — 4-6 weeks

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1952 to August 3, 1952, that I last saw the deceased alive on Aug 30, 1952 and that death occurred at 8 PM m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) M.D. — ADDRESS: Waldorf — DATE SIGNED: Md

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ — DATE THEREOF: 9-4-52 — NAME OF CEMETERY OR CREMATORY: St Peters — LOCATION (City, town, or county) (State): Waldorf Md

DATE REC'D BY LOCAL REG.: 9-3-52 — REGISTRAR'S SIGNATURE: M. L. Monroe — 24. FUNERAL DIRECTOR: Hunt & Ryon — ADDRESS: Waldorf Md

VS. A15 — T — 1 — M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1952
BUREAU V. S.

09446

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Chas — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata Md — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Phiey (Middle) Chester (Last) Long
4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 52
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 6-16-06
9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fareman
10b. KIND OF BUSINESS OR INDUSTRY: State Road
11. BIRTHPLACE (State or foreign country): Charles Co
12. CITIZEN OF WHAT COUNTRY? NS
13. FATHER'S NAME: Samuel Chester Long
14. MOTHER'S MAIDEN NAME: Mary E. Farr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: No
17. INFORMANT AND ADDRESS: Mrs Alice Long Wife

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Undetermined — 9-26-52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) La Plata (COUNTY) Charles (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. Earlew M.D. (Degree or title) — ADDRESS: La Plata Md — DATE SIGNED: 9-26-52

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) — DATE THEREOF: 9-29-52 — NAME OF CEMETERY OR CREMATORY: St Marys — LOCATION (City, town, or county): New Port (State): Md

DATE REC'D BY LOCAL REG.: 9/29/52 — REGISTRAR'S SIGNATURE: Julia H Casey
24. FUNERAL DIRECTOR: Hunt & Ryan — ADDRESS: Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MAGGie (Middle) (Last) MeReDitH
4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 52

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: 12-1-98
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Chas. Co. Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Jackson
14. MOTHER'S MAIDEN NAME: Sophia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: John Meredith, Wayside, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 196X
Immediate cause (a) Osteosarcoma
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 1951

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10, 1951, to 9-29, 1952, that I last saw the deceased alive on 9-28, 1952, and that death occurred at 8 A.m., from the causes and on the date stated above.
SIGNATURE E. J. Edelen (DEGREE OR TITLE) M.D. ADDRESS La Plata, Md DATE SIGNED 9-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10-2-52
NAME OF CEMETERY OR CREMATORY Shila
LOCATION (City, town, or county) (State) Wayside, Md
DATE REC'D BY LOCAL REG. 10/1/52
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md ADDRESS

VS. A15-8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 3
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH — COUNTY: Charles County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head Md
LENGTH OF STAY (in this place): One Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore Md.
STREET ADDRESS (If rural, give location): 3008 Clifton Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Cora Adele Morris
4. DATE OF DEATH (Month) (Day) (Year): 9-23-52 19

5. SEX: Female
6. COLOR OR RACE: White-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 10-24-77
9. AGE last birthday: 74 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John M. DeLashmutt
14. MOTHER'S MAIDEN NAME: Mary E. Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Daughter; Mrs. Mary M. Brawner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Immediate

421.4 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Valvular Heart disease — 3 Yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-23-52, 19....., to 9-23-52, 19....., that ~~I last saw~~ the deceased was found dead on the floor in her home at 12 Noon 9-23-52, Dead about two hours. alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: James E. Andrews (Degree or title) — ADDRESS: Indian Head Md. — DATE SIGNED: 9-23-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9-25-52 — NAME OF CEMETERY ~~OR CREMATORY~~: Springfield — LOCATION (City, town, or county) (State): Sykesville, Md

DATE REC'D BY LOCAL REG.: Sept. 24, 1952 — REGISTRAR'S SIGNATURE: Mrs. Odey Price — 24. FUNERAL DIRECTOR: Weer & Haight — ADDRESS: Sykesville, Md

9-26-52 — Luther H. Haight

RECEIVED
SEP 26 1952
BUREAU U. S.

DATE

[redacted]NT TO

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ~~10~~ 105

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MILTON (Middle) Joseph (Last) PICKERAL

4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1952

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 7-24-1943

9. AGE last birthday: 9 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Waldorf Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Pickeral

14. MOTHER'S MAIDEN NAME: Corine Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: James Pickeral, Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Waldorf (COUNTY) Chas. (STATE) Md.

TIME OF INJURY (Month) 9 (Day) 1 (Year) 52 (Hour) 11:30 A.M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Fell in a pond

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Richard Daly (Degree or title) M.D. — ADDRESS: La Plata, Md. — DATE SIGNED: 9/1/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 9/3/52 — NAME OF CEMETERY OR CREMATORY: St. Peters — LOCATION (City, town, or county) (State): Waldorf Md

DATE REC'D BY LOCAL REG.: 9-3-52 — REGISTRAR'S SIGNATURE: M. L. Monroe — 24. FUNERAL DIRECTOR: Hunt & Ryan, Waldorf — ADDRESS: Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A

RECEIVED
SEP 5 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 109

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-52

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laplata Md.
LENGTH OF STAY (in this place) 4 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital La Plata Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Charles Zachariah Posey

4. DATE OF DEATH: (Month) (Day) (Year) 9-27-52 19

5. SEX: Male

6. COLOR OR RACE: WHS.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-25-1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant Retired

10b. KIND OF BUSINESS OR INDUSTRY: Merchant.

11. BIRTHPLACE (State or foreign country): Charles Co Maryland

12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Chas H. Posey

14. MOTHER'S MAIDEN NAME: Susan Julia Porey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) None (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Wife, Mrs Mignonette E. Posey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.2 Immediate cause	(a) Uremia Acute	One week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO	(b) Nephritis Chronic	5 Yrs
DUE TO	(c) Chronic Myocarditis	39 Yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.; INJURY OCCURRED While at work ☐ Not while at work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to 9-27-52, 19, that I last saw the deceased alive on 9-27-52, 19, and that death occurred at 1-30 PM m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Hamp Andrews Marion Md 9-27-52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 9-30-52 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) — Cedar Hill Cemetery Port Tobacco Md

DATE REC'D BY LOCAL REG. 9/29/52 — REGISTRAR'S SIGNATURE Julia H. Porey — 24. FUNERAL DIRECTOR — ADDRESS — Lundt & Goby

RECEIVED
SEP 30 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19451

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): La Plata
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Plains
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Hampton (Middle) A. (Last) Robey

4. DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 9-20-1893

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Beef

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James M. Robey

14. MOTHER'S MAIDEN NAME: Addie C. Coal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Dorothy Welch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

450.0

Immediate cause (a) Uremia — 9-15-52

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis — 1950

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20-52, 19..., to 9-29-52, 19..., that I last saw the deceased alive on 9-27-52, 19..., and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

M.D. La Plata Md. 9-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10/1/52

NAME OF CEMETERY OR CREMATORY St. Paul

LOCATION (City, town, or county) (State) Baden, Md.

DATE REC'D BY LOCAL REG. 10/1/52

REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR ADDRESS Hewitt & Ryon, Waldorf Md.

RECEIVED
OCT 3 1962
BUREAU V. S.

09452

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Benedict
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Lucille (Last) Williams

4. DATE OF DEATH: (Month) September (Day) 7 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	white	married	Jan. 14, 1923	29 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Maryland	USA

13. FATHER'S NAME: Louis S. Welch

14. MOTHER'S MAIDEN NAME: Mary E. Goldsmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Harry Williams, (husband) Benedict, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
648.2 Immediate cause	(a) Post Partum Hemorrhages, Successive	8 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Multiple Placental Infarcts	? 5 weeks
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
9-7-52	Hemorrhage from Uterine Placental Site	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Sept. 47, to Sept 7, 19 52, that I last saw the deceased alive on Sept. 7, 19 52, and that death occurred at 11:40 P.m. EST, from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
John W. Griffin	M. D. Hughesville, Md.	9-8-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/10/52	St. Marys	Bryantown, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/9/52	Julia H. Posey	Hunt & Ryon, Waldorf, Md.

RECEIVED
SEP 11 1952
BUREAU V. S